



CITY OF
FORT LAUDERDALE
GENERAL EMPLOYEES' RETIREMENT SYSTEM

GROUP I DESIGNATION OF BENEFICIARY
ON-THE-JOB DEATH BENEFITS

City Ordinance Section 20-110(e)(2) provides that if you die while employed as a City employee from causes related to your employment that your spouse and any unmarried children under age 18 shall be paid the following benefits:

Spouse – a monthly pension equal to fifty (50) percent of your monthly pensionable earnings as of your last date of active employment, until the earlier of death or remarriage.

Children - a monthly pension equal to ten (10) percent of your monthly pensionable earnings as of your last date of active employment, until the earliest of attainment of age 18, death, or marriage, for each child.

If you have no spouse, the maximum payment to your children shall be fifty (50) percent of your monthly pensionable earnings. The maximum payment made to both your spouse and children shall be equal to eighty (80) percent of your monthly pensionable earnings.

If you have no spouse or minor children, then designate your beneficiary(s) on the back of this form.

Member Name (print)

Employee ID #

Phone

SPOUSE:

| | |
|---------------|--------------------|
| Name _____ | Phone Number _____ |
| Address _____ | |

MINOR CHILDREN:

| | |
|---------------|---------------------|
| Name _____ | Date Of Birth _____ |
| Address _____ | |
| Name _____ | Date Of Birth _____ |
| Address _____ | |
| Name _____ | Date Of Birth _____ |
| Address _____ | |
| Name _____ | Date Of Birth _____ |
| Address _____ | |

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OTHER BENEFICIARIES:

In the event that (1) the above named spouse dies or remarries; (2) the above named children attain age 18, marry, or die; or (3) there is no spouse or children at the time of your death from causes directly related to employment as a City employee, the following named persons(s) are to receive benefits as stated in City Ordinance Section 20-110(e)(1)(c):

| |
|---|
| Name _____ Relationship _____ Percentage _____ Date Of Birth _____ Phone Number _____ Address _____ |
| Name _____ Relationship _____ Percentage _____ Date Of Birth _____ Phone Number _____ Address _____ |
| Name _____ Relationship _____ Percentage _____ Date Of Birth _____ Phone Number _____ Address _____ |
| If a beneficiary(s) predeceases me then benefits will be prorated in the proportion to the percentages above. |

It is extremely important that you keep your designation of beneficiary(s) current. Update the pension office immediately after any changes in life circumstances such as death, marriage, divorce, or birth of new children.

The Board of Trustees recognizes only those designations which are received by the pension office prior to the member's death.

This form supersedes and revokes any and all prior designations.

Forms that appear to be modified or altered in any way will not be accepted.

Please complete this form very carefully, if you have any questions do not hesitate to contact the pension office at 954-828-5171.

Member Signature _____ Date _____

Witnesses - a witness for the member's signature **is required**. The witness must be a disinterested party, **not** a beneficiary.

Witness Name (print) _____ Relationship _____

Witness Signature _____ Date _____